



## Flu and Pneumonia Vaccine Reimbursement Form Instructions

**Flu Vaccine** - Brown & Toland Physicians encourages you to see your doctor for your annual health or preventive care visit and encourage you to make the flu vaccination a part of your annual visit.

**Pneumonia Vaccine** - You may also receive a one-time Prevnar-13 vaccination and a one-time Pneumovax-23 vaccination if you are 65 years or older, or you are under 65 years old with diabetes, cancer, immune disorder, or you smoke. *These vaccines require that you receive pre-authorization to receive this service*

If you have your flu or pneumonia vaccination at a pharmacy, public health department, flu clinic or other location and you pay for the shot, Brown & Toland will reimburse you for the cost of the vaccination:

- \_\_\_ Up to \$33 for flu vaccine
- \_\_\_ Up to \$60 for high dose flu vaccine (age 65 and over)
- \_\_\_ Up to \$248 for Prevnar13 vaccine (\*Requires pre-authorization prior to receiving the shot)
- \_\_\_ Up to \$152 for Pneumovax23 vaccine (\*Requires pre-authorization prior to receiving the shot)

**\*If the vaccination is not pre-authorized you risk not being reimbursed for this service.**

**Step 1: Complete all information on the Reimbursement Form (one form per member) as follows:**

### Part 1

- Fill in your name (first name then last name)
- Date of Birth
- Phone number where you can be reached if additional information is needed
- Your address
- Your Health Plan name
- Your subscriber id to your health plan
- The name of your Physician
- The name of the business where you received the vaccination

### Part 2

- Take the form with you and present it at the counter at the pharmacy as they need to fill in information that is critical to receive the reimbursement for the vaccination.
- Ensure the form is returned to you by the pharmacy and completed in entirety.
- Secure and retain the cash register receipt. Copy the receipt and attach the copy to the form.

**Step 2: Mail the reimbursement form and copy of the cash register receipt within 60 days to:**

Brown & Toland Physicians  
Attn: Claims/Adjustment Unit  
P.O. Box 72710  
Oakland, CA 94612-8910



## Flu and Pneumonia Vaccine Reimbursement Form

**Part 1 Completed by the Patient/Member (Please Print)**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_

*Please refer to your Health Plan or Insurance ID card for this information*

Health Plan: \_\_\_\_\_ Subscriber ID: \_\_\_\_\_

Your Doctor's Name: \_\_\_\_\_

Where did you receive the vaccination? \_\_\_\_\_

**Part 2: Completed by the Pharmacy (Please Print) This information is required for reimbursement**

Date: \_\_\_\_\_ NDC#: \_\_\_\_\_

**Affix the prescription receipt (usually placed on the prescription bag) above the line below:**

Prescription Receipt: \_\_\_\_\_

*Give this Form back to the Patient/Member*

Patient/Member - Attach a copy of the Cash Register Receipt to this Form (must be completed in entirety) and mail within 60 days of the date of the cash register receipt to:

**Brown & Toland Physicians  
Attn: Claims/Adjustment Unit  
P.O. Box 72710  
Oakland, CA 94612-8910**